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Bib Data Sheet

CONFIRMATION NO. 2769

SERIAL NUMBER 10/642,599	FILING DATE 08/19/2003 RULE	CLASS 455	GROUP ART UNIT 2686	ATTORNEY DOCKET NO. 29250-001066/US
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/12/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 4/6	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature: <i>[Signature]</i> Initials: <i>SH</i>				

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TITLE

Wireless communication system enhanced call recovery

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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